



THE CITY OF SAN DIEGO
CITY COUNCIL ARTS, CULTURE AND COMMUNITY FESTIVALS (ACCF)
REQUEST FOR REIMBURSEMENT PAYMENT

Organization: _____ Request Period: _____
Month - Month/Yr.

Mailing Addr. _____

Phone: _____

Fax: _____ Fiscal Year Ends: **June 30, 2013**

Person Completing Form/Title: _____

****PAYMENT REQUESTED DETAILS: Complete form on the reverse side.****

Expense Classification Number	EXPENSE CLASSIFICATION		ACCF FY 2013 Contract Allocation (A)	ACCF Payments to Date (B)
	PERSONNEL EXPENSES			
1	Artists (all disciplines)			
2	Entertainment			
3	Administrative			
4	Event Organizer			
5	Technical/Production			
6	Security/Cleaning			
7	Other (specify)			
	Personnel Expenses Subtotal		\$ -	\$ -
	OPERATING EXPENSES			
8	Facility Expense (Rent, Util's, Food)			
9	Marketing/Publicity			
10	Materials/Supplies			
11	Other (Specify)			
	Operating Expenses Subtotal		\$ -	\$ -
	TOTAL		\$ -	\$ -

AUTHORIZATION

Under penalty of perjury under the laws of the State of California, I certify and understand that I am responsible for the

Signature _____ Date _____

Print Name _____ Phone No. _____

City of San Diego to Complete This Section

Approved: _____ Date: _____
City of San Diego, Originating City Council Office

Approved: _____ Date: _____
City of San Diego, City Council Administration

EXPENSE CLASSIFICATION CODE NUMBERS